

## Complete Summary

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### TITLE

Osteoarthritis: percentage of patient visits during which gastrointestinal (GI) prophylaxis was considered.

### SOURCE(S)

American Academy of Orthopaedic Surgeons, Physician Consortium for Performance Improvement™. Clinical performance measures: osteoarthritis. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2005. 6 p. [18 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patient visits during which gastrointestinal (GI) prophylaxis was considered.

### RATIONALE

According to American Academy of Orthopaedic Surgeons (AAOS) and American College of Rheumatology (ACR) guidelines, if the patient is at risk for gastrointestinal (GI) complications, GI prophylaxis should be considered.

### PRIMARY CLINICAL COMPONENT

Osteoarthritis (OA); gastrointestinal (GI) prophylaxis

## DENOMINATOR DESCRIPTION

All patient visits for patients with osteoarthritis (OA) on prescribed or over-the-counter (OTC) non-steroidal anti-inflammatory drugs (NSAIDs)

## NUMERATOR DESCRIPTION

Patient visits during which gastrointestinal (GI) prophylaxis was considered (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

### Evidence Supporting the Measure

#### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

#### NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [AAOS clinical guideline on osteoarthritis of the knee.](#)

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Unspecified

### State of Use of the Measure

#### STATE OF USE

Pilot testing

#### CURRENT USE

External oversight/Medicare  
Internal quality improvement

### Application of Measure in its Current Use

#### CARE SETTING

Ambulatory Care  
Community Health Care  
Managed Care Plans

Physician Group Practices/Clinics  
Rural Health Care

#### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians

#### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

#### TARGET POPULATION AGE

Age greater than or equal to 21 years

#### TARGET POPULATION GENDER

Either male or female

#### STRATIFICATION BY VULNERABLE POPULATIONS

Frail elderly

### Characteristics of the Primary Clinical Component

#### INCIDENCE/PREVALENCE

Osteoarthritis (OA) affects at least 20 million Americans.

#### EVIDENCE FOR INCIDENCE/PREVALENCE

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS),  
National Institutes of Health (NIH). Handout on health: osteoarthritis. Bethesda  
(MD): National Institute of Arthritis and Musculoskeletal and Skin Diseases,  
National Institutes of Health; 2002 Jul. 34 p.

#### ASSOCIATION WITH VULNERABLE POPULATIONS

Frail elderly (see "Burden of Illness" field)

#### BURDEN OF ILLNESS

Osteoarthritis (OA), also known as degenerative joint disease, is the most common form of arthritis and a leading cause of disability. The risk for disability attributable to OA of the knee is as great as the risk attributable to cardiovascular disease and greater than that attributable to any other medical condition in elderly persons.

In the United States, individuals with OA account for 1 in 8 days of restricted activity among the elderly.

## EVIDENCE FOR BURDEN OF ILLNESS

Arthritis Foundation. Disease center: osteoarthritis - epidemiology. [internet]. Atlanta (GA): Arthritis Foundation; 2005[cited 2005 Nov 09]. [3 p].

Guccione AA, Felson DT, Anderson JJ, Anthony JM, Zhang Y, Wilson PW, Kelly-Hayes M, Wolf PA, Kreger BE, Kannel WB. The effects of specific medical conditions on the functional limitations of elders in the Framingham Study. Am J Public Health 1994 Mar; 84(3): 351-8. [PubMed](#)

Improving musculoskeletal care in America (IMCA) project. Osteoarthritis of the knee. Rosemont (IL): American Academy of Orthopaedic Surgeons; 2002 Sep .

Jordan JM, Linder GF, Renner JB, Fryer JG. The impact of arthritis in rural populations. Arthritis Care Res 1995; 84: 242-50.

## UTILIZATION

Unspecified

## COSTS

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

## IOM CARE NEED

Living with Illness

## IOM DOMAIN

Effectiveness

## Data Collection for the Measure

## CASE FINDING

Users of care only

## DESCRIPTION OF CASE FINDING

All patient visits for patients with osteoarthritis (OA) on prescribed or over-the-counter (OTC) non-steroidal anti-inflammatory drugs (NSAIDs)

## DENOMINATOR SAMPLING FRAME

Patients associated with provider

#### DENOMINATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

All patient visits for patients with osteoarthritis (OA) on prescribed or over-the-counter (OTC) non-steroidal anti-inflammatory drugs (NSAIDs)

##### Exclusions

None

#### RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

#### DENOMINATOR (INDEX) EVENT

Clinical Condition

Encounter

Therapeutic Intervention

#### DENOMINATOR TIME WINDOW

Time window follows index event

#### NUMERATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

Patient visits during which gastrointestinal (GI) prophylaxis was considered\*

\*Documentation that GI prophylaxis was not indicated; documentation of medical reason(s) for not prescribing GI prophylaxis (e.g., allergy, drug interaction, contraindication); documentation of patient reason(s) for not prescribing GI prophylaxis (e.g., economic, social, religious); documentation that GI prophylaxis was prescribed.

##### Exclusions

None

#### MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Medical record

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

None

### Computation of the Measure

#### SCORING

Rate

#### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Unspecified

#### STANDARD OF COMPARISON

Internal time comparison

### Evaluation of Measure Properties

#### EXTENT OF MEASURE TESTING

Unspecified

### Identifying Information

#### ORIGINAL TITLE

Gastrointestinal prophylaxis.

#### MEASURE COLLECTION

[The Physician Consortium for Performance Improvement Measurement Sets](#)

#### MEASURE SET NAME

[American Academy of Orthopaedic Surgeons and Physician Consortium for Performance Improvement: Osteoarthritis Physician Performance Measurement Set](#)

#### SUBMITTER

American Medical Association on behalf of the American Academy of Orthopaedic Surgeons and the Physician Consortium for Performance Improvement

#### DEVELOPER

American Academy of Orthopaedic Surgeons  
Physician Consortium for Performance Improvement

#### ADAPTATION

Measure was not adapted from another source.

#### RELEASE DATE

2003 Oct

#### REVISION DATE

2005 Aug

#### MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: American Academy of Orthopaedic Surgeons, Physician Consortium for Performance Improvement. Clinical performance measures: osteoarthritis of the knee. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2003. 6 p.

#### SOURCE(S)

American Academy of Orthopaedic Surgeons, Physician Consortium for Performance Improvement™. Clinical performance measures: osteoarthritis. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2005. 6 p. [18 references]

#### MEASURE AVAILABILITY

The individual measure, "Gastrointestinal Prophylaxis," is published in the "Clinical Performance Measures: Osteoarthritis." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement Web site: [www.physicianconsortium.org](http://www.physicianconsortium.org).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

## COMPANION DOCUMENTS

The following are available:

- Physician Consortium for Performance Improvement. Introduction to physician performance measurement sets. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2001 Oct. 21 p. This document is available from the American Medical Association (AMA) Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).
- Physician Consortium for Performance Improvement. Principles for performance measurement in health care. A consensus statement. [online]. Chicago (IL): American Medical Association (AMA), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); [3 p]. This document is available from the AMA Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).
- Physician Consortium for Performance Improvement. Desirable attributes of performance measures. A consensus statement. [online]. American Medical Association (AMA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); 1999 Apr 19 [cited 2002 Jun 19]. [5 p]. This document is available from the AMA Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

## NQMC STATUS

This NQMC summary was completed by ECRI on February 26, 2004. The information was verified by the measure developer on September 17, 2004. This NQMC summary was updated by ECRI on September 28, 2005. The information was verified by the measure developer on November 8, 2005.

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